

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

RECEIVED NO.

IDY 24080

FILING DATE

APPLICANT

CLAIMS							
AS FILED				ALTERED IN ACCORDANCE WITH AMENDMENT			
NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.
1	1	1		61			
2	1	1		62			
3	1	1		63			
4	1	1		64			
5	33	33		66			
6	33	33		67			
7	33	33		68			
8	33	33		69			
9	33	33		70			
10	33	33		71			
11	33	33		72			
12	1	1		73			
13	1	1		74			
14	1	1		75			
15	1	1		76			
16	1	1		77			
17	1	1		78			
18	1	1		79			
19	1	1		80			
20				81			
21				82			
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31				92			
32				93			
33				94			
34				95			
35				96			
36				97			
37				98			
38				99			
39				100			
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45							
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48							
49							
50							
TOTAL NO.	33	33		TOTAL NO.	4.		
TOTAL O.C.P.	25	28		TOTAL O.C.P.	2.		
TOTAL	33	33		TOTAL			